

Principles *of* Care

The following principles reflect the experience of the 11 Demonstration projects in delivering primary medical, mental health, substance abuse, and related support services to people living with or affected by HIV. These principles are based on the knowledge gained by the projects during the Demonstration Program and are designed to provide guidance to administrators, program planners, and service providers as they establish and implement HIV-specific mental health care service programs. While not empirically based, these principles represent the ideals of the 11 projects.

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PRINCIPLE 1

- Clients need access to comprehensive primary medical, mental health, substance use, and related support services. Some clients will need access to free or affordable transportation to attend appointments. Others will need assistance obtaining affordable housing, food, child care, permanency planning, HIV risk reduction education services, medications, and supportive residential services.

PRINCIPLE 2

- Services should be flexible and client-centered. Clients will present with a broad range of medical, mental health, substance use, and psychosocial needs. While some clients will benefit from psychotherapy, others may need only support groups or case management. Service plans need to be adapted to meet changing client needs.

PRINCIPLE 3

- HIV, mental health, and substance use treatment services should be adequately coordinated and integrated. Often, service providers from different systems of care do not communicate with one another, even though they may be responsible for delivering care to the same individuals. Service systems should establish formal linkages and networks to enhance service coordination and integration. Likewise, service providers representing multiple disciplines should take a “team” approach to meeting each client’s needs.

PRINCIPLE 4

- Services should be delivered in a way that is consistent with each client’s cultural needs and expectations. This may require that service systems employ multilingual and multicultural staff. Multicultural sensitivity is essential for those staff who are not culturally matched with their clients.

PRINCIPLE 5

- Services should promote individual self-respect and personal dignity. Services can only be delivered effectively when an individual's self-worth and contributions to society are recognized. In addition, people with HIV who also have mental and/or substance use disorders typically have been stigmatized by both society and the traditional health care delivery system. To meet their needs, service systems must take steps to ensure that the system itself does not stigmatize its clients further.

PRINCIPLE 6

- Services should promote healthier behaviors. Providers can work together to promote safe sexual behaviors by clients and to strengthen family relationships. Promoting healthier behaviors involves being comfortable with discussing issues such as risk and harm reduction.

PRINCIPLE 7

- Service delivery programs should work to reduce barriers to care for “hard-to-reach” populations. Some service systems have failed to reach populations that desperately need access to HIV primary medical treatment and mental health services, including people in jails and prisons, people who are homeless, substance abusers, and individuals with severe mental illness.

PRINCIPLE 8

- Programs should develop and deliver services that are clinically informed and research-based. Many programs have developed and conducted evaluations of their clinical services. The knowledge gained from these undertakings, as well as the latest research on HIV-related mental health services, can be used to enhance service delivery and program policy.

PRINCIPLE 9

- Persons living with HIV need to be empowered to make decisions in collaboration with the service provider. In addition, all segments of the community, including consumer and family advocacy groups, should be actively involved in the establishment, delivery, and quality improvement of services.

PRINCIPLE 10

- Programs should work to create an “HIV Community.” Service systems can play a major role in creating a community of individuals, agencies, and organizations that work in partnership to increase access to the broadest, most comprehensive range of services possible and to foster the development of an HIV Community that offers a sophisticated network of support for clients.

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